Commonwealth of Kentucky Cabinet for Human Resources Department for Social Services

VERIFICATION REQUEST MARRIAGE & DIVORCE

			CASE NAM	1E
			CASE NUM	IBER
			DATE	-
MARRIAGE:		•		•
-	(Name of Man)		•	(Name of Woman)
ite	; Place	(City - State)		; (County Recording Marriage)
		(010)		(Sound) Lector aing marriage
DIVOPCE.			AND	
T DIAOKCE: T	(Name of Man)		AND	(Name of Woman)
ite	Place	(City - State)		: (County Recording Marriage)
'ill you please com	plete the form belo	ow to verify or g	rive us authe	entic information.
ill you please com	plete the form belo	ow to verify or g - -	(Worker)	
ill you please com	·		(Worker) (Address)	
ill you please com	·	-	(Worker) (Address)	
MARRIAGE:	(Name of Man)		(Worker) (Address) AND	
MARRIAGE:	(Name of Man)		(Worker) (Address) AND	(Name of Woman)
MARRIAGE:	(Name of Man)	(City - State)	(Worker) (Address) AND	(Name of Woman) -; (County Recording Marriage)
MARRIAGE:	(Name of Man)	(City - State)	(Worker) (Address) AND	(Name of Woman)
MARRIAGE:	(Name of Man); Place	(City - State)	(Worker) (Address) AND	(Name of Woman) -; (County Recording Marriage)
MARRIAGE: ate corded in Book No	(Name of Man); Place	(City - State)	(Worker) (Address) AND	(Name of Woman) ; (County Recording Marriage)
MARRIAGE: te corded in Book No	(Name of Man); Place 0	(City - State)	(Worker) (Address) AND Page No. ANI	(Name of Woman) ; (County Recording Marriage)
MARRIAGE: ate corded in Book No	(Name of Man); Place 0	(City - State)	(Worker) (Address) AND Page No. ANI SIGNED:	(Name of Woman) ; (County Recording Marriage)

File: Administrative, Section I